DIVISION OF MOTOR VEHICLES **CHANGE OF ADDRESS NOTICE**

NOTICE The LAW requires YOU to notify the DIVISION OF MOTOR VEHICLES within 10 DAYS of any change of address.

BE SURE TO CHANGE ADDRESS ON YOUR LICENSE AND REGISTRATION

MONTH

DAY

YEAR

LICENSE NUMBER	REGISTRATION		HANDICAP PLATE		DATE OF BIRTH		
	REG. TYPE	NUMBER	RE	REGISTRATION NUMBER		DAY	YEAR
PLEASE PRINT	FIRST NAME	E MIDDLE NAME			LAST NAME		
IF REGISTRATION IN NAME OF COMPANY OR CORPORATION	PLEA	ASE PRINT CORP. N	IAME AS IT APPEAI	RS ON REGISTRATION			
RESIDENCE ADDRESS	STREET		2. 18	CITY OR TOWN		ZIP CODE	
MAILING ADDRESS	STREET			CITY OR TOWN		ZIP CODE	
DATE RECEIVED			SIGNATUR	E IN FULL (DO NOT PRINT)			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860